

## CLAIMS ONLY

Application Number  
**10696734** Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1									51			
2									52			
3									53			
4									54			
5									55			
6									56			
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41									91			
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43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	3								Total Indep			
Total Depend	20	20							Total Depend			
Total Claims	23								Total Claims			